

# NeuroNEXT Network

## Standard Operating Procedure (SOP)




### Single Institutional Review Board (SIRB) Reporting

#### Version 2.0

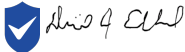
#### SOP NN SM 602

Originators: NeuroNEXT CCC and DCC Personnel

Reviewed and Approved by:

<p><b>Signature and Date:</b></p> <p>DocuSigned by Christopher Coffey</p> <p>   I approve this document 16-Feb-2023   11:06:57 AM PST</p> <p>16-Feb-2023</p> <p>C68AC8DD80334CF982AED1200765F147</p>
<p><b>Name and Title:</b> Christopher S. Coffey, PhD (DCC Principal Investigator)</p>
<p><b>Signature and Date:</b></p> <p>DocuSigned by Merit Cudkowicz</p> <p>   I approve this document 17-Feb-2023   1:50:58 AM EST</p> <p>17-Feb-2023</p> <p>9F8FE4180E504C6AB0A67B835E80C644</p>
<p><b>Name and Title:</b> Merit E. Cudkowicz, MD MSc (CCC Principal Investigator)</p>
<p><b>Signature and Date:</b></p> <p>DocuSigned by Marianne Chase</p> <p>   I approve this document 17-Feb-2023   1:44:52 PM EST</p> <p>17-Feb-2023</p> <p>58FE690F6BCA4F2390E3DA15BCE3F578</p>
<p><b>Name and Title:</b> Marianne Chase, BA (CCC Senior Director of Clinical Trials Operations)</p>

**Signature and Date:**

DocuSigned by DIXIE ECKLUND  
 | I approve this document  
16-Feb-2023 | 7:32:36 AM PST  
7006AF622EFC40B6A067A08EC02591B6

16-Feb-2023

**Name and Title:** Dixie J. Ecklund, RN MSN MBA (DCC Associate Director)

**Signature and Date:**

DocuSigned by Stacey Grabert  
 | I approve this document  
22-Feb-2023 | 11:19:08 AM EST  
60CC52B0747A44E6B2208D8D880698C0

22-Feb-2023

**Name and Title:** Stacey Grabert, Pharm.D, MS, (CCC Director of Quality Assurance)

**Signature and Date:**

DocuSigned by Joan Ohayon  
 | I approve this document  
21-Feb-2023 | 6:32:09 AM PST  
72C6AAFD8CC4485582ACA0700072901A

21-Feb-2023

**Name and Title:** Joan Ohayon, RN, MSN, CRNP, MSCN (NINDS, NeuroNEXT Program Official)

## NEURONEXT NETWORK STANDARD OPERATING PROCEDURE FOR SIRB REPORTING

### 1. POLICY

Employees, professional staff or other agents of institutions participating as a Clinical Study Site (CSS) for a NeuroNEXT Network human research study overseen by the NeuroNEXT Single IRB (SIRB) are required to report unanticipated problems (including adverse events), injuries to subjects, protocol deviations/violations, changes initiated without SIRB approval to eliminate apparent immediate hazards to subject/s, complaints, non-compliance and cessation of research activities that are determined, discovered, or learned by them in connection with the conduct of a NeuroNEXT human research study in accordance with the standards, time frames, and procedures specified in this SIRB Reporting SOP, which includes the attached SIRB Reporting Table (section 8: Procedures).

### 2. SCOPE

This SOP applies to all employees, professional staff or other agents of institutions participating as a Network or Non-Network CSS for a NeuroNEXT Network human research study overseen by the Mass General Brigham Human Research Committee (MGBHRC), formerly known as Partners Human Research Committee (PHRC), the Institutional Review Board (IRB) selected by the National Institute of Neurological Disorders and Stroke (NINDS) to serve as the NeuroNEXT SIRB.

### 3. ROLES AND RESPONSIBILITIES

#### A. NeuroNEXT Clinical Study Site Principal Investigator

The NeuroNEXT Clinical Study Site Principal Investigator (CSS PI) or designee is responsible for reporting to the SIRB any unanticipated problems (including adverse events), injuries to subjects, protocol deviations/violations, changes initiated without SIRB approval to eliminate apparent immediate hazards to subject/s, complaints, non-compliance, and cessation of research activities that are determined, discovered, or learned by them in connection with the conduct of a NeuroNEXT human research study, in accordance with the standards defined in the SIRB Reporting Table (section 8: Procedures).

Reports are made through the NeuroNEXT Clinical Coordinating Center as follows:

1. The CSS PI or designee completes the appropriate Report Form identified on the SIRB Reporting Table, and submits the completed form to the NeuroNEXT Clinical Coordinating Center IRB Liaison (CCC-SIRB Liaison) or designee via the online data entry system.
2. The CCC-SIRB Liaison is then responsible for submitting the necessary information to the SIRBSIRBSIRB.
3. CSS and CCC reports are to be made in accordance with the time frames specified in the SIRB Reporting Table.

#### B. NeuroNEXT Clinical Coordinating Center

The CCC-SIRB Liaison or designee is responsible for submitting reports to the SIRB of unanticipated problems (including adverse events), injuries to subjects, protocol deviations/violations, changes initiated without SIRB approval to eliminate apparent immediate hazards to subject/s, complaints, non-compliance and cessation of research activities that they receive from CSSs in connection with the conduct of a NeuroNEXT human research study.

The CCC-SIRB Liaison is responsible for submitting necessary information as detailed in the SIRB Report Form to the SIRB in accordance with the time frames specified in the SIRB Reporting Table.

#### C. NeuroNEXT Data Coordinating Center

The NeuroNEXT Data Coordinating Center (DCC) is responsible for developing the data entry system for reporting by the CSS PI/designee of unanticipated problems (including adverse events), injuries to subjects, protocol deviations/violations, changes initiated without SIRB approval to eliminate apparent

immediate hazards to subject/s, complaints, non-compliance and cessation of research activities that are determined, discovered, or learned by them in connection with the conduct of a NeuroNEXT human research study for review by the CCC-SIRB Liaison to determine required reporting to the SIRB and in accordance with the standards defined in the SIRB Reporting Table.

DCC and CCC reports are to be made in accordance with the time frames specified in the SIRB Reporting Table.

#### D. NeuroNEXT Single Institutional Review Board

The SIRB is responsible for reviewing reports of the unanticipated problems (including adverse events), injuries to subjects, protocol deviations/violations, changes initiated without SIRB approval to eliminate apparent immediate hazards to subject/s, complaints, non-compliance and cessation of research activities that they receive from the NeuroNEXT CCC in connection with the conduct of a NeuroNEXT human research study.

When reviewing any of the aforementioned reports, the NeuroNEXT SIRB is responsible for making the determination as to whether the report constitutes an unanticipated problem involving risks to subjects or others or serious or continuing noncompliance with applicable laws and regulations or the requirements or determinations of the SIRB and for taking appropriate responsive action, which may include suspension or termination of SIRB approval of the research.

The NeuroNEXT SIRB is responsible for informing the reporting CSS PI/designee through the NeuroNEXT CCC of the findings, determinations, actions taken, and any modifications or remedial action required by the SIRB in response to such reports and, when applicable, informing all NeuroNEXT CSS PIs of any discovery or determination that affects subject safety or the conduct of the trial at all CSSs.

#### E. External Reporting

Responsibilities regarding any required reporting to sponsors/funding agencies, OHRP, FDA and/or other oversight authorities of any serious or continuing non-compliance, unanticipated problems involving risks to subjects or others, and suspension or termination of SIRB approval in connection with a NeuroNEXT human research study will be coordinated as described in the NeuroNEXT Single IRB Reliance Agreement executed by the CSS.

### 4. APPLICABLE REGULATIONS AND GUIDELINES

#### Ethical Principles

All parties shall be guided by the *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, generally known as the "Belmont Report."

45 Code of Federal Regulations 46

21 Code of Federal Regulations 56

21 Code of Federal Regulations 50

### 4. REFERENCES TO OTHER APPLICABLE SOPs

NN SM 601            SIRB Reliance SOP

### 5. ATTACHMENTS AND REFERENCES

NN SM 602-A        Document History

### 6. TERMS AND ABBREVIATIONS

The following terms and abbreviations are used in this document:

ADE                    Adverse Device Effect

AE                     Adverse Event

CCC                    NeuroNEXT Clinical Coordinating Center at Massachusetts General Hospital

CCC-SIRB Liaison	NeuroNEXT Clinical Coordinating Center Single Institutional Review Board Liaison
CFR	Code of Federal Regulations
SIRB	NeuroNEXT Single Institutional Review Board
CSS	Clinical Study Site that conducts research for a particular NeuroNEXT protocol
CSS PI	Principal Investigator who is responsible for implementing and conducting a specific NeuroNEXT protocol at a Clinical Study Site
DCC	NeuroNEXT Data Coordinating Center at the University of Iowa
DMC	Data Monitoring Committee
DSMB	Data and Safety Monitoring Board
DSMC	Data and Safety Monitoring Committee
eIRB	Electronic Institutional Review Board (Form)
FDA	US Food and Drug Administration
HIPAA	Health Information Portability and Accountability Act
MGBHRC	Mass General Brigham Human Research Committee
NINDS	National Institute of Neurological Disorders and Stroke
OHRP	Office for Human Research Protections
PPI	Protocol Principal Investigator of a NeuroNEXT protocol
SAE	Serious Adverse Event
SIRB	NeuroNEXT Single Institutional Review Board
UADE	Unanticipated Adverse Device Effect

## 7. SPECIFIC PROCEDURES

The specific requirements, timeframes, and procedures for making reports to the NeuroNEXT SIRB of unanticipated problems (including adverse events), injuries to subjects, protocol deviations/violations, changes initiated without SIRB approval to eliminate apparent immediate hazards to subject/s, complaints, non-compliance and cessation of research activities as required by this SOP are outlined in the attached SIRB Reporting Table. Note that certain types of events need only be reported at Continuing Review.

## NEURONEXT SIRB REPORTING REQUIREMENTS

Type of Report	Description	Reporting Procedures	Form	Time Frame
Local CSS Adverse Events (AE)	<i>Adverse event</i> means any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject's participation in the research.	CSS PI/designee reports all Adverse Events to CCC-SIRB Liaison via the online data entry system	NeuroNEXT Adverse Event Form	Report all Adverse Events within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the Adverse Event except Serious Adverse Events as noted below
Serious Adverse Events (SAE)	<i>Serious adverse event</i> means any untoward or unfavorable medical occurrence in a human subject which results in death, life-threatening, hospitalization, disability or permanent damage, congenital anomaly/birth defect, or required an intervention to prevent permanent impairment and temporally associated with the subject's participation in the research.	CSS PI/designee reports all Serious Adverse Events to CCC-SIRB Liaison via the online data entry system	NeuroNEXT Adverse Event Form	Report Serious Adverse Events (SAEs) within 24 hours of when CSS PI first becomes aware of the Adverse Event
Unexpected and Possibly Related Adverse Events	<p><i>Unexpected</i> means that the incident, experience, or outcome in terms of nature, severity or frequency is not described in the protocol-related documents, such as the SIRB-approved research protocol and informed consent document or the characteristics of the study population being studied.</p> <p><i>Possibly related</i> means there is a <i>reasonable possibility</i> that the adverse event may have been caused by the procedures involved in the research.</p> <p><i>Reasonable possibility</i> means that the event is more likely than not related to participation in the research or, in other words, there is a &gt;50% likelihood that the event is related to the research procedures.</p>	CCC-SIRB Liaison reports all Unexpected Adverse Events that are Possibly Related to the Research to the SIRB via the online data entry system	eIRB Adverse Event Form	Report Unexpected and Possibly Related Adverse Events within 5 working days/7 calendar days) of the date the CSS PI first becomes aware of the Adverse Event

## NEURONEXT SIRB REPORTING REQUIREMENTS

Type of Report	Description	Reporting Procedures	Form	Time Frame
Continuing Review Progress Report - Adverse Events	At continuing review, the SIRB reviews all available information in a summary fashion to prevent unblinding regarding adverse events that have occurred in the trial.	CCC-SIRB Liaison provides updated summary information on Adverse Events	eIRB Continuing Review Form	Continuing Review
Local Adverse Device Effects (ADE)	<i>Adverse device effect</i> means any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device.	CSS reports all Adverse Device Effects to CCC-SIRB Liaison via the online data entry system	NeuroNEXT Adverse Device Effect Form	Report all Adverse Events within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the Adverse Device Effect, except Serious Adverse Device Effects as noted below
Serious Adverse Device Effects (SAE)	<i>Serious adverse device effect</i> means any untoward or unfavorable medical occurrence in a human subject which results in death, life-threatening, hospitalization, disability or permanent damage, congenital anomaly/birth defect, or required an intervention to prevent permanent impairment and temporally associated with the subject's participation in the research.	CSS PI/designee reports all Serious Adverse Device Effects to CCC-SIRB Liaison via the online data entry system	NeuroNEXT Adverse Device Effect Form	Report Serious Adverse Device Events (SAEs) within 24 hours of when CSS PI first becomes aware of the Adverse Device Effect
Unanticipated Adverse Device Effects (UADE)	<i>Unanticipated adverse device effect</i> means any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects.	CCC-SIRB Liaison reports all Unanticipated Adverse Device Effects to SIRB	eIRB Adverse Event Form	Report any Unanticipated Adverse Device Effect within 5 working days/7 calendar days) of the date the CSS PI first becomes aware of the Adverse Event

## NEURONEXT SIRB REPORTING REQUIREMENTS

Type of Report	Description	Reporting Procedures	Form	Time Frame
Continuing Review Progress Report - Adverse Device Effects	At continuing review, the SIRB reviews all available information in a summary fashion to prevent unblinding regarding adverse device effects that have occurred in the trial.	CCC-SIRB Liaison provides updated summary information on Adverse Device Effects to SIRB	eIRB Continuing Review Form	Continuing Review
Local CSS Unanticipated Problems Involving Risks to Subjects or Others	<p><i>Unanticipated problem involving risks to subjects or others</i> means any incident, experience, information, outcome, or other problem that is <i>unexpected</i> given the research procedures and that indicates that the research places subjects at a greater risk of physical, psychological, economic, legal, or social harm than was previously known or recognized.</p> <p>Unanticipated problems include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Medication, procedural or laboratory errors</li> <li>• Breach of confidentiality or HIPAA violation</li> <li>• Complaints that indicate subjects' rights, safety or welfare were adversely affected</li> <li>• Change initiated without SIRB approval to eliminate apparent immediate hazards to subject/s</li> </ul>	<ol style="list-style-type: none"> <li>1. CSS PI/designee reports to CCC-SIRB Liaison via the online data entry system</li> <li>2. CCC-SIRB Liaison reports to SIRB</li> </ol>	<p>NeuroNEXT Reportable Event Form</p> <p>eIRB Other Event Form</p>	Report within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the problem
Safety Monitoring Reports	<i>Safety monitoring report</i> means any DMC, DSMB, DSMC or sponsor analysis that describes a safety problem	CCC-SIRB Liaison reports to the SIRB	eIRB Other Event Form	Report within 5 working days/7 calendar days of the date the CCC receives the report



Apparent Serious or Continuing Noncompliance	<p><i>Noncompliance</i> means any failure to comply with any applicable federal, state, or local laws and regulations or the requirements or determinations of the PHRC, including institutional policies related to human subject protection.</p>	1. CSS PI/designee reports to CCC-SIRB Liaison via the online data entry system	NeuroNEXT Reportable Event Form	Report within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the problem
	<p><i>Serious noncompliance</i> means any noncompliance that negatively impacts the rights and welfare of subjects or compromises the integrity of the study data. For example, serious noncompliance might include, but is not limited to, the following violations: (1) failure to obtain prospective PHRC approval; (2) failure to obtain informed consent of subject(s); (3) enrollment of subject(s) who do not meet all eligibility criteria; (4) obtaining informed consent using an invalid/outdated research consent form that is missing information that might affect the individual's willingness to participate or continue to participate in the research; (4) failure to perform follow-up as outlined in the protocol where the lack of follow-up places the subject at increased risk of harm; and (5) failure to report a serious unanticipated problem involving risks to subjects or others, including adverse events.</p>	2. CCC-SIRB Liaison reports to SIRB	eIRB Other Event Form	Report within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the problem
	<p><i>Continuing noncompliance</i> means any noncompliance that occurs repeatedly after appropriate remedial education or corrective action has been instituted taking into consideration all relevant factors, including, for example: (1) whether the continuing noncompliance was intentional, or (2) whether the investigator collaborated in remedial activity and the continuing noncompliance was not intentional.</p>			

### NEURONEXT SIRB REPORTING REQUIREMENTS

Type of Report	Description	Reporting Procedures	Form	Time Frame
Major Unapproved Protocol Deviations	<i>Major Unapproved Protocol Deviation</i> means any alteration/modification to the PHRC-approved research that has the potential to negatively impact subject safety or integrity of study data (ability to draw conclusions from the study data), or affect the subject's willingness to participate in the study.	<ol style="list-style-type: none"> <li>CSS PI/designee reports to CCC-SIRB Liaison via the online data entry system</li> <li>CCC-SIRB Liaison reports to SIRB</li> </ol>	NeuroNEXT Deviation Form  eIRB Other Event Form	Report within 24 hours of the date the CSS PI first becomes aware of the deviation  Report within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the problem
Changes Initiated Without SIRB Approval To Eliminate Apparent Immediate Hazards To Subject/S,	See <i>Unanticipated Problems</i>	<ol style="list-style-type: none"> <li>CSS PI/designee reports to CCC-SIRB Liaison via the online data entry system</li> <li>CCC-SIRB Liaison reports to SIRB</li> </ol>	NeuroNEXT Deviation Form  eIRB Other Event Form	Report within 24 hours of the date the CSS PI first becomes aware of the change initiated without SIRB approval  Report within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the problem
Complaints	Complaints that indicate subjects' rights, safety or welfare were adversely affected - See <i>Unanticipated Problems</i>	<ol style="list-style-type: none"> <li>CSS PI/designee reports to CCC-SIRB Liaison via the online data entry system</li> <li>CCC-SIRB Liaison reports to SIRB</li> </ol>	NeuroNEXT Reportable Event Form  eIRB Other Event Form	Report within 5 working days/7 calendar days of the date the CSS PI first becomes aware of the problem
Cessation of Research Activities	Cessation of research activities See also <i>Unanticipated Problems</i> when cessation of research is for safety problems	<ol style="list-style-type: none"> <li>CSS PI/designee reports to CCC-SIRB Liaison</li> <li>CCC-SIRB Liaison reports to SIRB</li> </ol>	NeuroNEXT Site Close Out Form  eIRB Amendment Form	Report within 30 calendar days of the date the CSS ceases research activities

**NEURONEXT SIRB REPORTING REQUIREMENTS**

Type of Report	Description	Reporting Procedures	Form	Time Frame
Minor Unapproved Protocol Deviations	<i>Minor Unapproved Protocol Deviation</i> means any deviation from the PHRC-approved research that does not have the potential to negatively impact subject safety or integrity of study data (ability to draw conclusions from the study data), or affect subject's willingness to participate in the study.	<ol style="list-style-type: none"> <li>1. CSS PI/designee reports to CCC-SIRB Liaison</li> <li>2. CCC-SIRB Liaison reports to SIRB</li> </ol>	NeuroNEXT Deviation Form  eIRB Continuing Review Form	Continuing Review

Certificate Of Completion

Envelope Id: EBCBFE9B15DD4F8EAC3A2EDC672739EA Status: Completed
Subject: Complete with DocuSign: NN SM 602 Single Institutional Review Board Reporting v2.0.docx
Source Envelope:
Document Pages: 11 Signatures: 6 Envelope Originator:
Certificate Pages: 6 Initials: 0 Tania Leeder
AutoNav: Enabled TLEEDER@PARTNERS.ORG
Envelopeld Stamping: Disabled IP Address: 24.62.91.235
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original Holder: Tania Leeder Location: DocuSign
2/16/2023 8:36:04 AM TLEEDER@PARTNERS.ORG

Signer Events

Christopher Coffey
christopher-coffey@uiowa.edu
Security Level: Email, Account Authentication (Required), Login with SSO

Signature

Christopher Coffey

Timestamp

Sent: 2/16/2023 8:38:33 AM
Viewed: 2/16/2023 2:06:48 PM
Signed: 2/16/2023 2:07:00 PM

Signature Adoption: Pre-selected Style
Signature ID:
C68AC8DD-8033-4CF9-82AE-D1200765F147
Using IP Address: 128.255.113.139

With Signing Authentication via DocuSign password
With Signing Reasons (on each tab):
I approve this document

Electronic Record and Signature Disclosure:
Accepted: 2/16/2023 2:06:48 PM
ID: a05f5978-358e-488b-9142-91707b41bcf1

DIXIE ECKLUND
dixie-ecklund@uiowa.edu
Security Level: Email, Account Authentication (Required)

DocuSigned by DIXIE ECKLUND
I approve this document
16-Feb-2023 | 7:32:36 AM PST
7006AF622EFC40B6A067A08EC02591B6

Sent: 2/16/2023 8:38:34 AM
Viewed: 2/16/2023 10:15:09 AM
Signed: 2/16/2023 10:32:42 AM

Signature Adoption: Drawn on Device
Signature ID:
7006AF62-2EFC-40B6-A067-A08EC02591B6
Using IP Address: 173.19.231.252

With Signing Authentication via DocuSign password
With Signing Reasons (on each tab):
I approve this document

Electronic Record and Signature Disclosure:
Accepted: 2/16/2023 10:15:09 AM
ID: fc6b7090-18de-4a0a-aa31-5ce2badff181

Signer Events	Signature	Timestamp
---------------	-----------	-----------

Joan Ohayon  
ohayonj@ninds.nih.gov  
Security Level: Email, Account Authentication (Required)

*Joan Ohayon*

Sent: 2/16/2023 8:38:35 AM  
Resent: 2/21/2023 8:26:54 AM  
Viewed: 2/21/2023 9:31:46 AM  
Signed: 2/21/2023 9:32:12 AM

Signature Adoption: Pre-selected Style  
Signature ID:  
72C6AAFD-8CC4-4855-82AC-A0700072901A  
Using IP Address: 156.40.137.188

With Signing Authentication via DocuSign password  
With Signing Reasons (on each tab):  
I approve this document

**Electronic Record and Signature Disclosure:**  
Accepted: 2/13/2023 2:03:22 PM  
ID: 385a0a53-0f0c-4395-88f6-d5700c36e050

Marianne Chase  
MCHASE@mgh.harvard.edu  
Sr Director, Clinical Trial Operations  
Insight OBO The Massachusetts General Hospital  
Security Level: Email, Account Authentication (Required), Logged in

*Marianne Chase*


Sent: 2/16/2023 8:38:34 AM  
Viewed: 2/17/2023 1:44:28 PM  
Signed: 2/17/2023 1:45:00 PM

Signature Adoption: Pre-selected Style  
Signature ID:  
58FE690F-6BCA-4F23-90E3-DA15BCE3F578  
Using IP Address: 73.114.253.109

With Signing Authentication via DocuSign password  
With Signing Reasons (on each tab):  
I approve this document

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Merit Cudkowicz  
cudkowicz.merit@mgh.harvard.edu  
Chief of Neurology  
Security Level: Email, Account Authentication (Required), Logged in


DocuSigned by Merit Cudkowicz  
  
I approve this document  
17-Feb-2023 | 1:50:58 AM EST  
9F8FE4180E504C6AB0A67B835E80C644

Sent: 2/16/2023 8:38:34 AM  
Viewed: 2/17/2023 1:50:46 AM  
Signed: 2/17/2023 1:51:00 AM

Signature Adoption: Pre-selected Style  
Signature ID:  
9F8FE418-0E50-4C6A-B0A6-7B835E80C644  
Using IP Address: 68.239.56.73

With Signing Authentication via DocuSign password  
With Signing Reasons (on each tab):  
I approve this document

**Electronic Record and Signature Disclosure:**  
Accepted: 2/17/2023 1:50:46 AM  
ID: 98c6e5cc-d533-4bcb-bc67-6e7f6c664db0

Signer Events	Signature	Timestamp
Stacey Grabert sgrabert@mgh.harvard.edu Director QA Stacey Grabert Security Level: Email, Account Authentication (Required)	  Signature Adoption: Pre-selected Style Signature ID: 60CC52B0-747A-44E6-B220-8D8D880698C0 Using IP Address: 132.183.56.49  With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/16/2023 8:38:35 AM Resent: 2/21/2023 8:26:54 AM Viewed: 2/22/2023 11:18:56 AM Signed: 2/22/2023 11:19:10 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 7/20/2020 8:50:14 AM ID: 5ebadf74-e399-40fd-be82-9c7ca902061b		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/16/2023 8:38:35 AM
Certified Delivered	Security Checked	2/22/2023 11:18:56 AM
Signing Complete	Security Checked	2/22/2023 11:19:10 AM
Completed	Security Checked	2/22/2023 11:19:10 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Insight OBO The Massachusetts General Hospital (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Insight OBO The Massachusetts General Hospital:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [jhenrique@mgh.harvard.edu](mailto:jhenrique@mgh.harvard.edu)

### **To advise Insight OBO The Massachusetts General Hospital of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [jhenrique@mgh.harvard.edu](mailto:jhenrique@mgh.harvard.edu) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from Insight OBO The Massachusetts General Hospital**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [jhenrique@mgh.harvard.edu](mailto:jhenrique@mgh.harvard.edu) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Insight OBO The Massachusetts General Hospital**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:



- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [jhenrique@mgh.harvard.edu](mailto:jhenrique@mgh.harvard.edu) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Insight OBO The Massachusetts General Hospital as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Insight OBO The Massachusetts General Hospital during the course of your relationship with Insight OBO The Massachusetts General Hospital.